

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE					
						10/048229						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1	1	1	1	51					
2	1	1	1	1	1	1	52					
3	1	1	1	1	1	1	53					
4	1	1	1	1	1	1	54					
5	1	1	1	1	1	1	55					
6	1	1	1	1	1	1	56					
7	1	1	1	1	1	1	57					
8	7	7	7	7	7	7	58					
9	7	7	7	7	7	7	59					
10	1	1	1	1	1	1	60					
11	1	1	1	1	1	1	61					
12	2	2	2	2	2	2	62					
13	1	1	1	1	1	1	63					
14	1	1	1	1	1	1	64					
15	1	1	1	1	1	1	65					
16	1	1	1	1	1	1	66					
17	1	1	1	1	1	1	67					
18	1	1	1	1	1	1	68					
19	1	1	1	1	1	1	69					
20	1	1	1	1	1	1	70					
21	1	1	1	1	1	1	71					
22	1	1	1	1	1	1	72					
23	1	1	1	1	1	1	73					
24	1	1	1	1	1	1	74					
25	1	1	1	1	1	1	75					
26	1	1	1	1	1	1	76					
27	1	1	1	1	1	1	77					
28	1	1	1	1	1	1	78					
29	1	1	1	1	1	1	79					
30	1	1	1	1	1	1	80					
31	1	1	1	1	1	1	81					
32	1	1	1	1	1	1	82					
33	1	1	1	1	1	1	83					
34	1	1	1	1	1	1	84					
35	1	1	1	1	1	1	85					
36	1	1	1	1	1	1	86					
37	1	1	1	1	1	1	87					
38	1	1	1	1	1	1	88					
39	1	1	1	1	1	1	89					
40	1	1	1	1	1	1	90					
41	1	1	1	1	1	1	91					
42	1	1	1	1	1	1	92					
43	1	1	1	1	1	1	93					
44	1	1	1	1	1	1	94					
45	1	1	1	1	1	1	95					
46	1	1	1	1	1	1	96					
47	1	1	1	1	1	1	97					
48	1	1	1	1	1	1	98					
49	1	1	1	1	1	1	99					
50	1	1	1	1	1	1	100					
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.	1	1	1	1	1
100% L	30	30	30	30	30	30	100% L	30	30	30	30	30
TOTAL CL.	31	31	31	31	31	31	TOTAL CL.	31	31	31	31	31

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. FEE SCHEDULES ARE SUBJECT TO CHANGE.